



BAUCHI STATE

IMMUNIZATION BUDGET ACCOUNTABILITY

ANNUAL SCORECARD 2025



**AFRICA HEALTH
BUDGET NETWORK**



ABOUT THE SCORECARD

The Africa Health Budget Network (AHBN), in collaboration with the African Field Epidemiology Network (AFENET) with support from GAVI, is implementing the Zero Dose Learning Hub (ZDLH) in Nigeria targeting Kano, Borno, Bauchi, and Sokoto States to address zero-dose immunization gaps. AHBN component of the ZDLH focuses on reaching missed communities through Advocacy, Stakeholder Engagement, Budget Tracking, and Accountability to improve immunization coverage.

To ensure the accountability is entrenched, ZDLH and its partners have developed a comprehensive ZDLH Accountability Scorecard for Immunization Budget Tracking, Accountability, and Sustainability at the sub-national level. The scorecard is designed to measure and track progress and performance aimed at increasing and sustaining Routine Immunization (RI) coverage to reduce zero-dose children. For operational purposes, Gavi defines zero-dose children as those who have not received the first dose of Penta 1 (or DPT1).

The scorecard is structured into three categories: budget summary, health financing and accountability & service delivery and transparency. Data collection covered desk review, secondary analysis of existing budget data, key informant interview and exit interviews at the facilities. The scorecard data are being scored as dark green (target achieved), light green (demonstrated achievement), amber (progressive achievement), red (no achievement), where data is not available the indicator is scored as black.

The ZDLH Accountability Scorecard serves as a vital tool for tracking state government and partner commitments, with respect to financial and non-financial performance. The scorecard provides actionable insights for improved decision-making, with recommendations for advocacy to be led by the ZDLH Community of Practice (CoP) members, state level CSOs, professional bodies and the media. Its implementation will enhance transparency, strengthen immunization systems, and drive sustainable progress in reducing zero-dose children at the sub-national level.

The ZDLH acknowledges and deeply appreciates the contributions of the Bauchi State Primary HealthCare Development Board (BSPHCDB) for actively participating in the development process of this scorecard and for providing access to accurate data that enriched its quality and relevance.

BAUCHI STATE

Immunization Budget Accountability Scorecard 2025

BUDGET SUMMARY AMOUNT (NGN)

Indicators	2 0 2 3	2 0 2 4	2 0 2 5
Total Annual State Budget in Absolute Figure	202,641,558,614	300,219,705,820	467,085,248,317
Total Approved Health Budget for State in Absolute Figure	30,415,945,966	45,132,110,014	70,345,645,726
Total Budget Allocated to PHC Agency by State in Absolute Figure	8,601,848,413	11,594,531,363	15,987,250,189
Total Budget Allocated to Immunization Services by State in Absolute Figure	744,034,926	1,215,699,130	872,366,636
Absolute Amount contributed by the (MoU) partners in the immunization basket fund	421,034,926	804,749,869	7,500,000,000
Absolute amount of government contribution to the basket fund	338,834,926	410,949,261	872,366,636
Absolute BHCPF received by the state PHCDB from NPHCDA	411,135,985	526,318,992	526,318,992
Absolute amount allocated by the state as 25% counterpart fund for BHCPF	0.00	132,832,889	132,832,889
Absolute amount received by the BHCPF implementing PHCs from the SPHCDB	97,142,250	255,036,000	255,036,000
Absolute amount received by BHCPF implementing PHCs as DFF from NPHCDA	0.00	0.00	500,003,043

BAUCHI STATE

Immunization Budget Accountability Scorecard 2025

HEALTH FINANCING AND ACCOUNTABILITY

Indicators	Score		
	2023	2024	2025
Proportion of approved State budget allocated to the health sector	15.0%	15.0%	15.0%
Proportion of health sector budget released by State government quarterly	72.9%	79.5%	
Proportion of the annual approved state immunization budget released into the basket fund	100%	100%	100%
Proportion of MoU partners annual allocation released into the immunization basket fund	100%	100%	
Timely contribution of the MoU basket fund by state government			
Timely contribution of the basket fund by partners			
Proportion of fund from the basket fund account disbursed for immunization		100%	100%
Proportion of the state 25% counterpart funds released for BHCPF in State	0.00%	100%	100%
Proportion of BHCPF disbursed through the SPHCDB to PHC facilities	20.3%	98.6%	

Definition of Keys

Target Achieved
(Sustainable)

Demonstrated Achievement
(On-track)

Progressive Achievement

No Achievement

Data not Available

BAUCHI STATE

Immunization Budget Accountability Scorecard 2025

SERVICE DELIVERY AND TRANSPARENCY

Indicators	Score		
	2023	2024	2025
Proportion of under-one children (infants) who received Penta 1 in BHCPF implementing facilities in zero-dose affected LGAs	45%	39%	35%
Proportion of under-one children (infants) who received Penta 3 in BHCPF implementing facilities in zero dose affected LGAs	45%	37%	35%
Percentage of care-givers interviewed and satisfied with immunization services received in the BHCPF implementing facility at zero dose affected LGAs		84.35%	89.98%
Proportion of BHCPF designated PHCs benefiting from DFF directly from the NPHCDA gateway			
Active participation of state level CSOs during the government convened regular meetings of RI Technical Working Group (Former SERICC)			
Active participation of state level CSOs during the state immunization taskforce			

Definition of Keys

Target Achieved
(Sustainable)

Demonstrated Achievement
(On-track)

Progressive Achievement

No Achievement

Data not Available

DISCUSSION PAGE

The Bauchi State 2025 Immunization Budget Accountability Scorecard highlights the current state of health and immunization financing in the State. Budget summary data showed strong growth, with the State budget rising to ₦3.3 trillion in 2025 while maintaining a 15% allocation to health (₦45.1 billion). Funding for Primary Health Care increased to ₦11.6 billion, and immunization funding reached ₦1.2 billion well above 2023 levels. This positive funding trend supports the objectives of the Zero Dose Learning Hub (ZDLH) project to reduce the number of zero-dose children.

Health Financing and Accountability indicators reveal ongoing challenges with fund disbursement. Quarterly releases for health and PHC were high, ranging from 98–100%, and full integration of basket funds reflects strong governance in these areas.

Penta 1 coverage declined slightly from 39% in 2024 to 35% in 2025, while Penta 3 coverage also declined by 37% in 2024 to 35% in 2025. In 2025, the State has recorded low coverage of Penta 1 and Penta 3. The Bauchi State Government is encouraged to prioritize timely release of immunization funds to improve the vaccine delivery and services.

KEY RECOMMENDATIONS FOR ACTION

1

In response to the recorded low coverage of Penta 1 and Penta 3 uptake in 2025, targeted interventions should be strengthened in BHCPF implementing facilities to improve uptake. Community of Practice (CoP) members are encouraged to intensify engagement with government, Routine Immunization partners, and LGA Chairmen to improve immunization coverage and ensure zero-dose children are identified and reached.

2

Bauchi State Ministry of Budget and Planning should strengthen data transparency by leveraging existing platforms, including government websites, to regularly publish timely and comprehensive quarterly budget performance reports. This will enhance public access to information, support independent tracking, and promote accountability in resource allocation and service delivery.

3

Improved CSO and Community of Practice (CoP) participation in government platforms, particularly the State Immunization Taskforce and RI Working Groups, is commendable. Sustaining this active engagement beyond 2025 is critical for strengthening accountability and improving immunization performance.

4

We acknowledge the release by the Bauchi State Government of ₦872 million for immunization programs, which represents a positive step in ensuring adequate funding for routine immunization activities. To build on this progress, the government is encouraged to maintain the timely release of all approved immunization budgets in 2025 and beyond.

HEALTH FINANCING AND ACCOUNTABILITY

Indicators	Scoring Sheet				Data Source
	Target Achieved (Sustainable)	Demonstrated Achievement (On-track)	Progressive Achievement	No Achievement	
Proportion of approved State budget allocated to the health sector.	15% of state budget allocated to health sector	10% - 14.9% of state budget allocated to health sector	5 -9.9% of state budget allocated to health sector	Less than 5% of state budget allocated to health sector	State Approved Budget
Proportion of health sector budget released by State government quarterly	80% or more of the total health budget was released	70% - 79.9% of the total health budget was released	50-69.9% of the total health budget was released	Less than 50% of the total health budget was released	State Budget Performance Report
Proportion of the annual approved state immunization budget released into the basket fund	80% of the annual approved state immunization budget released into the basket fund	79.9% - 60% of the annual state immunization budget released into the basket fund	69.9%-50% of the annual state immunization budget released into the basket fund	Less than 50% of the annual state immunization budget released into the basket fund	State Budget Performance Report'
Proportion of MoU partners annual allocation released into the immunization basket fund	35% or more of MoU partners contributions in the PHC budget	20%-34.9% of MoU partners contributions in the PHC budget	10 - 19.9% of MoU partners contributions in the PHC budget	Less than 10% of MoU partners contributions in the PHC budget	State Approved Budget
Proportion of Timely contribution of the MoU basket fund by state government	If the state contribution is made in the first quarter	If the state contribution is made in the 2nd and 3rd quarter	If the state contribution is made in the forth quarter	If no contribution is made by the state across all the quarters	State Approved Budget
Proportion of Timely contribution of the basket fund by development partners	If the development partners contribution is made first quarter	If the development partners contribution is made 2nd and 3rd	If the development partners contribution is made forth quarter	If no contribution is made by the partners across all the quarters	State Approved Budget
Proportion of fund from the basket fund account disbursed for immunization	80% or more of the basket fund was disbursed for immunization and PHC	70% - 79.9% of the basket fund was disbursed for immunization and PHC	50-69.9% of the basket fund was disbursed for immunization and PHC	Less than 50% of the basket fund was disbursed for immunization and PHC	State Approved Budget
Proportion of the state 25% counterpart funds released for BHCPF in State	80% or more of the state counterpart funds released for BHCPF	70% - 79.9% of the state counterpart funds released for BHCPF	50-69.9% of the state counterpart funds released for BHCPF	Less than 50% of the state counterpart funds released for BHCPF	Secondary analysis of state level BHCPF report
Proportion of BHCPF disbursed through the BSPHCDB to PHC facilities	80% or more of the BHCPF disbursed through the BSPHCDB gateway to PHC facilities	70% - 79.9% of the BHCPF disbursed through the BSPHCDB to PHC facilities	50-69.9% of the BHCPF disbursed through the BSPHCDB to PHC facilities	Less than 50% of the BHCPF disbursed through the BSPHCDB to PHC facilities	BHCPF Newsletter

SERVICE DELIVERY AND TRANSPARENCY

Indicators	Scoring Sheet				Data Source
	Target Achieved (Sustainable)	Demonstrated Achievement (On-track)	Progressive Achievement	No Achievement	
Proportion of under-one children (infants) who received Penta 1 in BHCPF implementing facilities in zero-dose affected LGAs	80% or more under-one children received Penta 1	60-79.9% under-one children received Penta 1	50-69.9% under-one children received Penta 1	Less than 50% under-one children received Penta 1	DHIS2/SSP HCDA (Admin Data)
Proportion of under-one children (infants) who received Penta 3 in BHCPF implementing facilities in zero dose affected LGAs	80% or more under-one children received Penta 3	60-79.9% under-one children received Penta 3	50-69.9% under-one children received Penta 3	Less than 50% under-one children received Penta 3	DHIS2 (Admin Data)
Utilization status of the BHCPF at the implementing facility in zero dose affected LGAs in relation to immunization	80% or more utilization achievement from report	60 - 79.9% utilization achievement from report	50 - 69.9% utilization achievement from report	Less than 50% utilization achievement from report	BHCPF state level report
Percentage of care-givers satisfied with immunization services received in the BHCPF implementing facility of zero dose affected LGAs	80% or more of enrollees satisfied with at least 4 of the six criteria	60 - 79.9% of enrollees satisfied with at least 4 of the six criteria	50 - 69.9% of enrollees satisfied with at least 4 of the six criteria	Less than 50% of enrollees satisfied with at least 4 of the six criteria	Enrollee interview
Proportion of BHCPF designated PHCs benefiting from DFF directly from the NPHCDA gateway	100% of BHCPF designated PHCs are benefiting from DFF directly from the NPHCDA	80% - 99.9% of BHCPF designated PHCs are benefiting from DFF directly from	50% - 79.9% of BHCPF designated PHCs are benefiting from DFF directly from	Less than 50% of BHCPF designated PHCs are benefiting from DFF directly from	Data not available
Timely contribution of the MOU basket fund by state government	Four quarters contributed timely	Three quarters contributed timely	Two quarters contributed timely	One or zero quarters contributed timely	State budget performance report
Active participation of state level CSOs during the government convened regular meetings of RI Technical Working Group (Former SERICC)	In every meeting, at least two state-level CSOs in participation	In every meeting, at least one state-level CSO in participation	Irregular state level CSOs participation	No state level CSO participation	Attendance sheet and pictures
Active participation of state level CSOs during the state immunization taskforce	In every meeting, at least two state-level CSOs in participation	In every meeting, at least one state-level CSO in participation	Irregular state level CSOs participation	No state level CSO participation	Attendance sheet and pictures



